

**Patient Information**

<b>Name</b>	<b>Sex</b>	<b>Birthdate</b>
Mancini, Mario (4989940)	Male	2/23/1972 (45 year old)

**Service Location**

<b>Name</b>	<b>Address</b>
EH-ST MARY'S MEDICAL CENTER	407 EAST THIRD STREET Duluth MN 55805-1950

# 11007-041  
FCI SST

**Op Notes**

**Brief Op Note by Broadway, Steven J, MD at 11/27/2017 10:49 AM** Version 1 of 1

Author: Broadway, Steven J, MD	Service: Neurosurgery	Author Type: Physician
Filed: 11/27/2017 10:51 AM	Date of Service: 11/27/2017 10:49 AM	Status: Signed
Editor: Broadway, Steven J, MD (Physician)		

**OPERATIVE PROCEDURE PROGRESS NOTE**

**BRIEF POST-OP NOTE**

**Pre-Op Diagnosis:** cervical 5-6, 6-7 herniated nucleus pulposus

**Post-Op Diagnosis:** same

**Procedure:**

**C5-6 ACDF using locally harvested autograft, grafton allograft and a 6mm peek cornerstone implant**

**C6-7 ACDF using locally harvested autograft, grafton allograft and a 7mm peek cornerstone implant**

**Plating using a 37.5mm atlantis translational plate**

**Anesthesia Type:** General endotracheal anesthesia

**Findings:** stenosis

**Surgeon(s) and Role:**

\* Broadway, Steven J, MD - Primary

**Estimated Blood Loss:** Less than 50 ml

**Drains:** jp

**Specimen(s):**

**Complications:** none noted

**Disposition:** Nursing Unit

See dictated operative report for full details.

**Implant(s):** \* No implants in log \*

Steven J. Broadway, MD

J. BOUTHWICK, PA-C  
HEALTH SERVICES  
FCI SANDSTONE

JPB  
11-28-17

Mancini, Mario (MR # 4989940) DOB: 02/23/1972 Printed by Broadway, Steven J, MD [23769] at 11/27/17 12:04 PM

Page 1 of 3



**Op Notes (continued)**

**Op Note signed by Broadway, Steven J, MD at 11/27/2017 12:04 PM**

Version 1 of 1

Author: Broadway, Steven J, MD

Service: Neurosurgery

Author Type: Physician

Filed: 11/27/2017 12:04 PM

Date of Service: 11/27/2017 11:33 AM

Status: Signed

Editor: Broadway, Steven J, MD (Physician)

**ESSENTIA HEALTH**

Patient Name: MANCINI, MARIO

Date of Service: 11/27/2017

DOB: 02/23/1972

Age: 45Y

Sex: M

MRN: 4989940

Site MRN:

Patient Loc/Room #: SMPAC /S PACU

Provider: S. Jared Broadway, MD, Neurosurgery

**OPERATIVE REPORT**

**SITE:** Essentia Health-St. Mary's Medical Center

**PREOPERATIVE DIAGNOSIS:** C5-C6 and C6-C7 herniated disk.

**POSTOPERATIVE DIAGNOSIS:** Same.

**PROCEDURE:**

1. C5-C6 anterior cervical discectomy and fusion using locally harvested autograft with Grafton allograft, and a 6 mm peek cornerstone implant.
2. C6-C7 anterior cervical discectomy and fusion using locally harvested autograft, Grafton allograft, and a 7 mm peek cornerstone implant.
3. Harvest of local autograft through the same incision.
4. Plating using a 37.5 mm Atlantis translational plate.
5. Use of intraoperative fluoroscopy and microscopy,

**ANESTHESIA:** General.

**SPECIMENS:** None.

**FINDINGS:** Stenosis.

**IMPLANTS:** As above.

**SURGEON:** Steven Jared Broadway, MD

**ASSIST:** Donna Blomberg

**FLUIDS:** See record.

**BLOOD LOSS:** Less than 50. **REPLACEMENT:** None.

**DRAINS:** JP.

**COMPLICATION:** None.

**DISPOSITION:** Nursing unit.

Mancini, Mario (MR # 4989940) DOB: 02/23/1972 Printed by Broadway, Steven J, MD [23769] at  
11/27/17 12:04 PM

Page 2 of 3

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**Op Notes (continued)**

**Op Note signed by Broadway, Steven J, MD at 11/27/2017 12:04 PM (continued)**

Version 1 of 1

**HISTORY:** Mario is a 45-year-old who presents with right C6 and C7 radiculopathies with significant weakness in his arm. Risks, benefits, indications and alternatives for surgery were discussed and he elected to undergo the above-noted procedure.

**DESCRIPTION OF PROCEDURE:** Informed consent was obtained. The patient was transferred to the operating room via stretcher where general anesthesia was induced and he was placed supine on the OSI bed with his arms tucked at his side and all pressure points thoroughly padded. Patient was prepped and draped in a standard and sterile fashion. Intraoperative fluoroscopy was used to plan an incision overlying the C6 body. A 10 blade scalpel was used incise the skin. Bovie electrocautery was used to dissect down to the level of the platysma, which was incised and undermined using Metzenbaum scissors. A plane mesial to the sternocleidomastoid and carotid sheath was dissected down to the anterior cervical spine, where the soft tissues were cleaned off the disk space using Bovie electrocautery. The longus cole muscles were reflected laterally and the Clearline retractor was placed in the wound to maintain self-retained traction and the endotracheal cuff pressure was reduced. The intraoperative microscope was brought onto the field. Osteophytic bone was harvested for autograft. The disks were incised using an 11 blade scalpel and discectomy was initiated using a pituitary puller. The AM-8 bit on the Midas Rex drill was used to complete the discectomies down to the level of PLL, which was pierced using a micro blunt nerve hook and resected in a piecemeal fashion. The generous foraminotomies were carried out bilaterally and attention was turned to arthrodesis. A 6 mm cornerstone peek implant was placed at C5-C6 and a 7 mm at C6-C7. A 37.5 mm Atlantis translational plate was then secured using 17 mm variable screws at C5 and C6 and fixed screws at C7. The locking mechanisms were engaged and the wound was copiously irrigated. The retractor was removed and there was no active bleeding. A 10-French Blake drain was placed in the precervical space and brought out through the skin using a trocar. The platysma was closed using 2-0 Vicryl, subcutaneous tissues 3-0 Vicryl and skin 4-0 Monocryl. The patient was extubated postoperatively and transferred to the recovery room in stable condition. No complications.

S. Jared Broadway, MD  
Essentia Health-DC Third Street Bldg  
Neurosurgery

cc:

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